Custom

Jampt

2112

PLAINTIFFS TRIAL EXHIBIT
P-13284\_00001

# **MCKESSON**

**CSMP - Observation/Level 1/Documentation Form** 

Empowe	rina	Heal	thcare
ETTIPO CO	, , , , ,	,,ca,	criceri c

	Interview/Obser	vation Details	
Customer Name/Ac	ct #: 8/120 Custom Saist	Date:	5/15/13 Time: 3:67
Interviewer/Observe Name:	er		
Interviewer/Observe	Denise Shadburn er	Interviewer/Obs	erver
Title:	ARCOS	Location (DC):	8164
Purpose of Conversation/Obse	ryation		
Location(address)	Customer omit on base coo	de 9143	
	Standard Questio	ns (for Level 1 <sub>)</sub>	
Ougation: Aug			No. 17
Question: Are	you aware that you have exceeded you	ur threshold for (ite	m-s)? If so, can you explain?
	μO		
Question: Are	you currently involved in any internet	husiness or activit	v2 If co. ovnlain
7110		business of activit	y: 11 30, 6xpiaiii.
	10		
Question: If so	e you taken on any new business that , Explain.	would elevate your	controlled substance purchases?
		, , , , , , , , , , , , , , , , , , ,	
	NO	· · · · · · · · · · · · · · · · · · ·	
Question: Is ar	increase needed at this time?	<i>ላ</i> o	
	·		
	Observation/Int	erview Notes	
	1/- /-		
Notes:	- MICK		Mis Kerged - 10 - to Accidently
·	Dry ment -	to arder	10 - to Accidently
	Kan et lon	• • • • • • • • • • • • • • • • • • • •	,
	1000		
			**************************************

CSMP documentation form 5\_20\_2008

#### MSKESSON Empowering Healthcare

Customer Name: Custom Script Pharmacy
Customer Name: Custom Script Pharmacy Customer #: 19112507Changing account aumber to 033760 Primary With McKesson?: Yes No D
Primary With McKesson?: Yes⊠ No □
McKesson Sales Representative: <u>Tim Ashworth</u>
McKesson DC: WCH 8164
Questionnaire completed:
*Operations Review:
*Regulatory Review:
Amprovadu
Approved:
Regional Director Regulatory Affairs
***Parisary and/an appropriate to the fact of the coat Observe Coat of the
***Reviews and/or approvals may be indicated through SharePoint confirmation

Custom Script Pharmacy Questionnaire ISMC REVISION 10\_21\_11.docx02/28/2013

	wing information is to be			ner and McKesson		
	Sales Representative during on-site evaluation.  New Customer Go live date:					
	ng Customer Since (MM/	<b>YY</b> ). 07	/10			
			710			
. Gener	al Information & Lic	ensing				
a.	Pharmacy Name: Custom Scripts Infusion Vital Care, LLC DBA Custom Script Pharmacy (if name differs from Corporate name)					
b.	Pharmacy Address: 3	738 Teay	s Valley Rd Suite 3	Hurricane, WV		
C.	Phone: <u>304-733-3784</u>	Fax:	304-733-1398			
d.	Pharmacy email addres	ss: <u>chad@</u>	@customscriptrx.co	om		
	Pharmacy License (Inclicensed)					
	State	Licen		EXP Date		
	WV	SP05	52452	6/30/2014		
				·		
f.	DEA Registration numb	er/exp da	ate: (list all) <u>FC38</u> 6	63982		
	<ul> <li>i. Does address on registration match pharmacy actual address?</li> <li>☑Yes ☐No</li> </ul>					
g.	Licensure of Pharmacis	ts				
	Owner is PIC					
	Pharmacist-in-charge (Flicensed)	PIC) (L	ist all states you ar	e/have been		
	Name	State	License #	Exp Date		
	Nick Hopkins	WV	RP7857	Ge/30/14		
		OH	RPH 0333120	4 9/2014		
	Additional Pharmacists	& Pharm	acy Technicians			
	Name State License # Exp Date					
	Chad Wallace WV 6 RP 5705 6/30/13					
		<u> </u>				

	_	_			. =0/
II.	Owne		nip/Business His Owner Information	story (Please include al	15% owners)
		a.		Oharra MACIlliamaa	
			` '	ame: Steve Williams	
				om Script Pharmacy	
				Hurricane, WV	
			Phone: <u>304</u>		
			List education	on/profession if other than I	Pharmacist
	b.	Ov	wnership type:		
			☐Sole Proprietor		
			⊠Corporation, if s	o State <u>WV</u>	
			□Partnership		
	C.	Νι	ımber of years owne	er has operated current pha	irmacy <u>2.5</u>
	d.	Ov	wner operates/has o	perated additional pharma	cies 🗌 Yes 🔲 No
			Pharmacy	Address	DEA#/Exp Date
			Name	515 Brownway Ave Paintsville	<i>X</i>
			Medicine camper	230 St Huy 2 Olive Hill KY	\1
			11	Kermit WV	
			*Add additional info	ormation to table in append	ix A below as needed.
	e.	His	story. Please provid	le explanation below for an	y <b>Yes</b> answers.
				been convicted/charged with fraud/controlled substance	
			☐ Yes 💢 l	No	
			ii. Has pharmacy revoked?	ever had DEA registration s	suspended or
			□Yes 🖄	lo	
			, ,	ever been subject to a Stat	e issued disciplinary
			□Yes 🔀	lo	
			iv. Has pharmacy	owner ever been subject to on regarding this location o	
			□Yes ⊠N	lo	
				acist associated with this p ciplinary action by the State	
			□Yes 🔀	lo	

<b>v</b> i.	Does the pharmacy possess any other registration/license (wholesale, repackage)?
	□Yes ⊠No
vii.	Does pharmacy ship into any states it is not licensed for?
	∐Yes <b>X</b> No
viii.	Has any previous wholesaler / manufacturer ceased shipping or restricted purchases of controlled substances to this pharmacy or any other pharmacy which is/has been owned/operated??
	□Yes XNo
crimi	anation:Does the pharmacy conduct nal background checks on all employees involved in pharmacy ations?
·	Yes ☐ No
III. Business I	nformation
a. Busir	ness classification: Retail /Inclependent
	Retail
ii.	Hospital
iii.	Independent
iv.	Mail order
V.	Internet
vi.	Chain warehouse
vii.	State/Federal/Government Hospital
viii.	Correctional institution
ix.	Closed pharmacy
X.	Nursing home
xi.	Physician / Dentist
xii.	Infusion / Dialysis facility
xiii.	Surgical emergency center
xiv.	Wholesaler
XV.	

## **MSKESSON**

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b. List wholesale distributors or manufacturers from whom you have sourced controlled substances in the last 24 months

Wholesaler/Mfg	Primary	Secondary
McKesson	X	
Freedom	X (bulk powders)	
PCCA	X (bulk powders)	

C.	How do ne percentage		e to the pharmacy (p	lease express as a
	Walk-in 10			
	Phone 3			
	***************************************	— escribing <u>60 %</u>		
	•			
	Internet _			t
d.		macy affiliated with a yes, list web addres	an Internet Website o s <u>/√                                   </u>	or nave its own
e.	Does phare list web ad	macy download and dress <u>火</u> ひ	fill prescriptions from	a website? If yes
f.	Pain Mana	gement Clinics		
	i. Doe	s pharmacy provide	direct service to or d	oes it receive
	sign	ificant business from	Pain Management (	Clinics?
	Y	es No If yes, %	<u> </u>	
Name of				
Managen Clinics	nent	Address	Prescribers Name	DEA#
Cirrics		Address	r rescribers traine	ULA #
a	Does phar	macy service nursing	a homes. long term c	are or hospice
g.	Does phare facilities?	macy service nursinç	homes, long term c	are or hospice
g.	facilities?	macy service nursing es, please list in app	<u>-</u>	are or hospice
· ·	facilities?  Yes (If You have been been been been been been been be	es, please list in app y located within a m	pendix B)  No edical center or clinic	·
· ·	facilities? Yes (If Your Yes (If Your Yes (If Your Yes)	es, please list in app by located within a m es, please list in app	pendix B)  \_No edical center or clinic pendix C)  \_No	·
h.	facilities? Yes (If Your Yes (If Your Yes (If Your Yes)	es, please list in app y located within a m es, please list in app sed door pharmacy	pendix B)  \_No edical center or clinic pendix C)  \_No	·
h.	facilities?  Yes (If Y	es, please list in app by located within a m es, please list in app psed door pharmacy No	pendix B)  \_No edical center or clinic pendix C)  \_No	c?
h. i.	facilities?  Yes (If Y	es, please list in app by located within a m es, please list in app psed door pharmacy No	pendix B) No edical center or clinic pendix C) No ? escriptions written by	c?
h. i.	facilities?  Yes (If Y	es, please list in app by located within a m es, please list in app psed door pharmacy No macy regularly fill pre	pendix B) No edical center or clinic pendix C) No ? escriptions written by	c?

#### MCKESSON

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k. What are the areas of specialty of the doctors' practices for which the pharmacy dispenses controls?

## IV. Top (5-10) Controlled Substance Prescribers

Name	DEA#/Exp Date
Bradwell Chaney	BC5964223
Steven Melek	BM3261752
Derek Hollingswert	L BH6724466
Neleno Webb	AW4345167

## V. Purchasing Information (Include Projections)

- a. Total Estimated Monthly Purchases \$20,000
- b. Total Estimated Monthly Rx Purchases (including c.s.) \$19,000
- c. Purchase breakdown:

Rx % 99% (including listed chemicals and controlled substance)

Controlled Substance % 30 %

Listed chemical % \_0

d. Prescriptions filled per day 4000000 per month 200 Retail 1000 Company

Method of payment to the pharmacy:

Private Insurance % 년 %

Medicare/Medicaid % 50%

Cash % / ひ ~

## MSKESSON Empowering Healthcare

#### VI. Controlled Substance Purchases

a. Estimate dose units (tablets/capsules) <u>dispensed per month</u> for each of the following Controlled Substances. Total of all brand and generic for the base items, including combination products. (Initial visit entries here. Please use table at end of document for subsequent visits.)

Hydrocodone 1000 Please Maintain Current thresholds.

Phentermine 100 This Customis moving to a new location with the anticipation of doubling their current sales within Alprazolam 1000 Month S

c. Does the pharmacy have established policies and procedures to verify controlled substances prescriptions? If yes, attach copy. If no

Explanation/Comments: Yes

We check State Board monitoring programs in

the properties states need and verify script validity
with DEAT + Signature.

McKesson Sales Representative	Owner/Pharmacist
Signature: Mully	Signature: Pharmal
Print Name: Tim As h worth	Print Name Wick Hopkins Pharm.
Date: Mcy 30,2013	Date: 5/30/13

# **Physical Inspection**

(Completed by McKesson representative)

a. General description of pharmacy and surrounding area in which business is located, include condition of the pharmacy.

Great. Brand new Building.

b. General description of pharmacy customers.

New location... this Pharmacy's focus is Compounding.

c. Does pharmacy have adequate security? (Describe the systems/hardware/provider) Yes, including Window and Motion Seusans.

Photograph pharmacy outside and inside include front entrance, pharmacy interior, and pharmacy counter.

See Attached

### **M**SKESSON

Empowering Healthcare

## Appendix A: Additional Pharmacies Operated by the Owner.

Pharmacy Name	Address	DEA#/Exp Date

#### Appendix B - nursing homes, long term care or hospice facilities

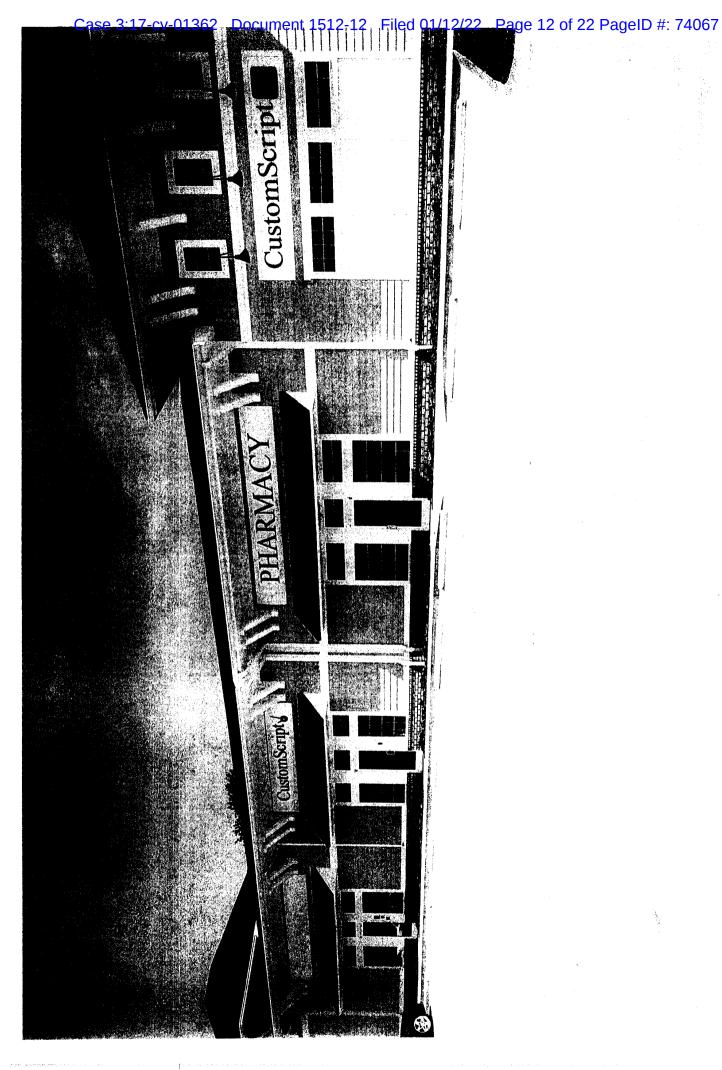
Name	Address	DEA#/Exp Date
Hospice of H	nutiviton	
	,	

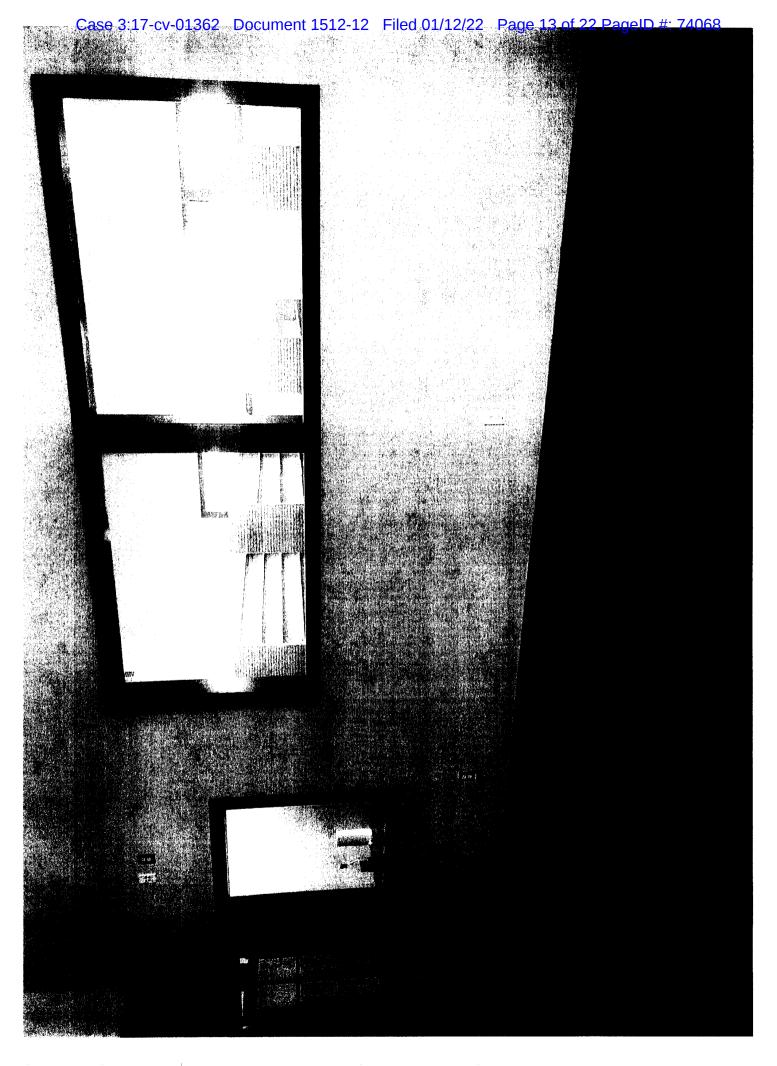
## Appendix C - medical center or clinic

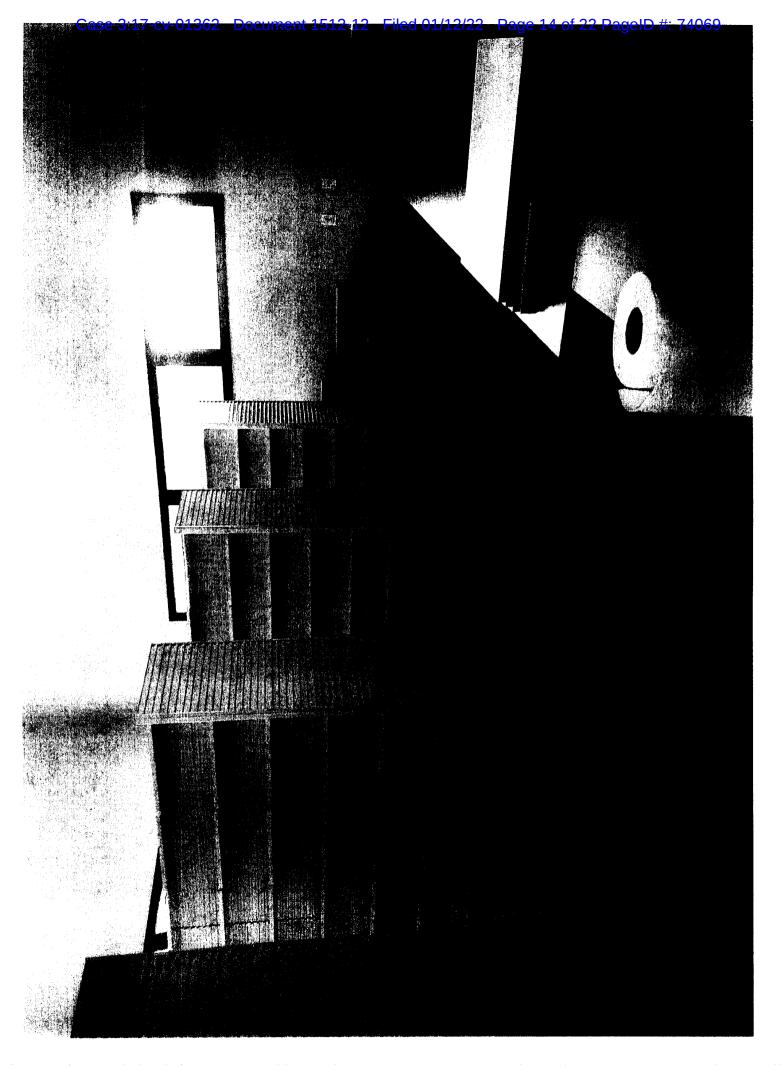
Name	Address	DEA#/Exp Date

## Appendix D - out of state providers

Name	Address	% Filled	DEA#/Exp Date
Bradwell Cl	caney)	AIL	
Robert Wiv	idsor & KY	Compound	5
Tim Levent	الا عاد ا		
Brennan Ro	yaity /		











Custem Script Pharmacy DEA FM 1877402 3436 US Rt 60 Faxt Barboursville, West Va 304-733-3984 Date of visit. March 11, 2013 Store/account name and number. Custer Scripts Pharmacy MIZAM Chad Wolles PIC Interviewee? Is the owner a pharmacist? Describe store size, location and traffic: (small, large, retail, warehouse, light, heavy, etc.) smell, glass great, no Front and, compounding Socility-low volume Describe the front end: (extensive, limited, none, HM, attractive, dated, etc.) Provide threshold dosage units filled monthly thresh 8,000 Hydrocodone: thresh 20,500 never ordered 6,000 so lowered 3 25-13 Oxycodone; Other; Does the customer fill for internet business? no Does the customer do any mail order business? Is the % of controls filled vs. total sales high? Valunes so Low NES DO IS AN ANOMORY Describe the customer base/patients: (pain, hospice, family, single, younger, older) MIXED CUST BASE Are out of county prescriptions accepted? - 20 Are there any patient or doctor anomalies to note? NO BUT HE OFCLINES NOW MORE RY Does the pharmacy accept control walk-ins and at what rate? What process is in place to prevent "doctor shopping"? USES ETATE DATH BASE Are there any "pill mill" scripts that come to the pharmacy and if yes, how do they handle it?

Has a low opinion of New Hope - HD REASON WHY

Summary of visit;

Dave G

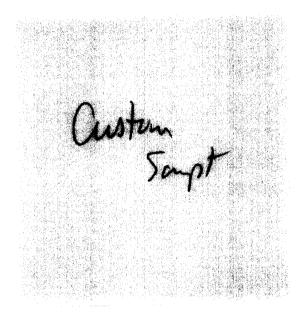
Case 3:17-cv-01362. Document 1512-12 Filed 01/12/22 Page 18 of 22 Page 10 #: 74073 3436 US Rt 60 Faxt Barboursville, West Va 304-733-3784 Date of visit. March 11, 2013 Store/account name and number. Custom Scripts Pharmacy 811294 Chad Wallace PIC Interviewee? Is the owner a pharmacist? Describe store size, location and traffic: (small, large, retail, warehouse, light, heavy, etc.) small, glass gront, no Front end, compounding facility-low volume Describe the front end: (extensive, limited, none, HM, attractive, dated, etc.) Provide threshold dosage units filled monthly Hydrocodone: thresh 30,500 never ordered 6,000 50 lowered 3:25:13 Oxycodone; Other: Does the customer fill for internet business? no Does the customer do any mail order business? 2 Is the % of controls filled vs. total sales high? Volumes SO LOW NIS DO IS AN ANOMOLY Describe the customer base/patients: (pain, hospice, family, single, younger, older) MIXED CUST BASE Are out of county prescriptions accepted? - 200 Are there any patient or doctor anomalies to note? NO BUT HE OFCLINES NEW NORE RY Does the pharmacy accept control walk-ins and at what rate? What process is in place to prevent "doctor shopping"? USES ETATE DATA BASK

Are there any "pill mill" scripts that come to the pharmacy and if yes, how do they handle it?

Has a low opinion of New Hope

Summary of visit;

Dave G



Pharma Regulatory A	Affairs All Sites	5
- · · · · · · · · · · · · · · · · · · ·	ustomer TCRs and Other Documents Here > New Item  As and Other Documents Here: New I	tem
🌡 Attach File   🌄 Spelling		* ind
Title *	LEVEL 1- MEDICINE CABINET Enter the DOCUMENT title (not your position)	
Submitter Name *	DENISE SHADBURN	
DC or RNA *	8164 Washington Ct Hse	
Customer Name *	MEDICINE CABINET	
Customer Contact		
Contact Title	and the second of the second o	
Contact Phone		
DEA License *	FM1877402	
Acct Numbers *	811250	
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	Specify your own value:	
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	03/30/2011 CUSTOMER OMIT ON BASE CODE 9250	
TCR Туре	Continue filling out fields below for TCRs, otherwise stop here  * Required for TCRs	e. · · ·
Reason for TCR	Specify your own value:	
	* Required for TCRs	
Level 1 Completed		
Threshold Reached	1 1,9-2,19	
Questionaire on File		

http://pharma.mckesson.com/SiteDirectory/WMS/RegAffairs/Lists/Add%20Customer%20... 6/22/2011

Date of Last Site Visit or Observation		
Last TCR Change Date(s)		
TCR1 Base Ingredient		NA P
TCR1 Action	通艦	
TCR1 Amount		
TCR2 Base Ingredient		44.5
TCR2 Action	· · · · · · · · · · · · · · · · · · ·	
TCR2 Amount		
TCR3 Base Ingredient		經濟度
TCR3 Action	**************************************	
TCR3 Amount		
TCR4 Base Ingredient	The second secon	
TCR4 Action		
TCR4 Amount		
TCR5 Base Ingredient		<b>设施</b>
TCR5 Action	#Ma	
TCR5 Amount		
Region		
DC Cusuus Name	LEAVE BLANK	y manager of the manager of the second secon
DC Group Name	LEAVE BLANK	
DC Approver		
	LEAVE BLANK	
DC Approval Status	LEAVE BLANK	
DC Approval Date	12 AM 00	
	LEAVE BLANK	ANALYS AND
DC Approval Comments	A Aì B I U 華華華 汪汪鐸	<b>澤 <u>A</u> 劉 +11 114</b>
		number of the second
DDA	LEAVE BLANK	
DRA	LEAVE BLANK	

http://pharma.mckesson.com/SiteDirectory/WMS/RegAffairs/Lists/Add%20Customer%20... 6/22/2011

DRA Email	
	LEAVE BLANK
DRA Approval Status	
	LEAVE BLANK
DRA Approval Date	12 AM 00
	LEAVE BLANK
DRA Approval Comments	A AI B / U 重要署 經經準律 A 例 M ¶4
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